

CLAIMS ONLY							Application Number		Filing Date	
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11							61			
12							62			
13							63			
14							64			
15							65			
16							66			
17							67			
18							68			
19							69			
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21							71			
22							72			
23							73			
24							74			
25	/						75			
26	/	/					76			
27	/						77			
28		/					78			
29		/					79			
30		/					80			
31		/					81			
32	/						82			
33		/					83			
34		/					84			
35		/					85			
36		/					86			
37		/					87			
38		/					88			
39		/					89			
40		/					90			
41	/						91			
42		/					92			
43	/						93			
44		/					94			
45		/					95			
46		/					96			
47		/					97			
48		/					98			
49							99			
50							100			
Total Indep							Total Indep			
Total Depend							Total Depend			
Total Claims							Total Claims			

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